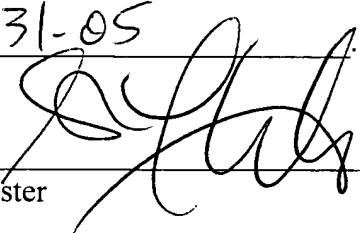


RCE  
JW

## CERTIFICATE OF MAILING

Thereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

on 3-31-05  
  
\_\_\_\_\_  
Jeffrey R. Kuester

In Re Application of:

Rodriguez, et al.

Serial No.: 09/693,784

Filed: October 20, 2000

Confirmation No.: 8546

Group Art Unit: 2614

Examiner: Beliveau, Scott E.

Docket No.: A-6690 (191910-1600)

**For: SYSTEM AND METHOD FOR REMINDERS OF UPCOMING RENTABLE MEDIA OFFERINGS**

The following is a list of documents enclosed:

- Return Postcard
- RCE Transmittal
- Amendment Transmittal
- Petition for Extension of Time - 1 month
- Fee Transmittal
- Credit Card - Authorizing \$910.00
- Response to Final Office Action

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

<p>Effective on 12/08/2004 Fees Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p><b>FREE TRANSMITTAL</b> <b>For FY 2005</b></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p><b>TOTAL AMOUNT OF PAYMENT (\$910.00)</b></p>	<p align="center"><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td><b>09/693,784</b></td> </tr> <tr> <td>Filing Date</td> <td><b>October 20, 2000</b></td> </tr> <tr> <td>First Named Inventor</td> <td><b>Rodriguez, et al.</b></td> </tr> <tr> <td>Examiner Name</td> <td><b>Beliveau, Scott E.</b></td> </tr> <tr> <td>Art Unit</td> <td><b>2614</b></td> </tr> <tr> <td>Attorney Docket No.</td> <td><b>A-6690 (191910-1600)</b></td> </tr> </table>	Application Number	<b>09/693,784</b>	Filing Date	<b>October 20, 2000</b>	First Named Inventor	<b>Rodriguez, et al.</b>	Examiner Name	<b>Beliveau, Scott E.</b>	Art Unit	<b>2614</b>	Attorney Docket No.	<b>A-6690 (191910-1600)</b>
Application Number	<b>09/693,784</b>												
Filing Date	<b>October 20, 2000</b>												
First Named Inventor	<b>Rodriguez, et al.</b>												
Examiner Name	<b>Beliveau, Scott E.</b>												
Art Unit	<b>2614</b>												
Attorney Docket No.	<b>A-6690 (191910-1600)</b>												

**METHOD OF PAYMENT (check all that apply)**

☐ Check 
 ☒ Credit Card 
 ☐ Money Order 
 ☐ None 
 ☐ Other (please identify):

☐ Deposit Account 
 Deposit Account Number: **20-0778** 
 Deposit Account Name: **Thomas, Kayden, Horstemeyer Risley, L.L.P.**  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below 
 ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) 
 ☒ Credit any overpayments

under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Filing Fees		Search Fees		Examination Fees		Fees Paid (\$)
	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0

**2. EXCESSIVE CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee(\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
13	-20 or HP = 0	50	0			
					360	0

HP = highest number of total claims paid for, if great than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	-3 or HP = 0	200	0

HP = highest number of total claims paid for, if great than 3

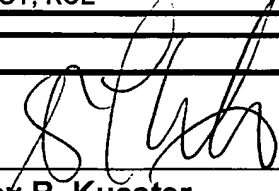
**3. APPLICATION SIZE FEE**

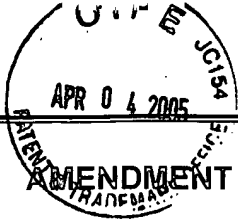
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50=	(round up to a whole number) x	250 =	0

**4. OTHER FEE(S)**

	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	0
Other: 1 month EOT; RCE	910

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Signature		Registration No. <b>34,367</b>	Telephone Number <b>770-933-9500</b>
Name: (Print/Type)	<b>Jeffrey R. Kuester</b>	Date:	<b>3-31-05</b>



## AMENDMENT TRANSMITTAL LETTER (LARGE)

Applicant(s): **Rodriguez, et al.**

Docket No.

**A-6690 (191910-1600)**Serial No.  
**09/693,784**Filing Date  
**October 20, 2000**Examiner  
**Beliveau, Scott E.**Confirmation No.  
**8546**Group Art Unit  
**2614**Invention: **SYSTEM AND METHOD FOR REMINDERS OF UPCOMING RENTABLE MEDIA OFFERINGS****Commissioner for Patents  
Mail Stop RCE  
P.O. Box 1450  
Alexandria VA 22313-1450**

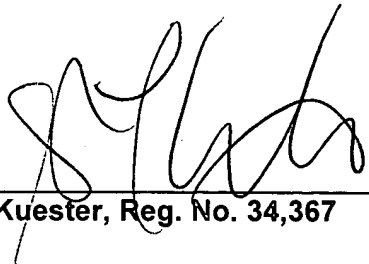
Transmitted herewith is a Response to Final Office Action, RCE, and 1 month EOT in the above-identified application.

The fee has been calculated and is transmitted as shown below

## CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13 -	82 =	0	X \$50.00	\$0
INDEP. CLAIMS	3 -	7 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>				\$360.00	\$0
EXTENSION FEE	1 <sup>ST</sup> MONTH <input checked="" type="checkbox"/> \$120.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$450.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$1,020.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$1,590.00	\$120
Other Fees: RCE					\$790
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$910.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_. A duplicate copy of this page is enclosed.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$910.00 (\$120 for 1 mo. EOT, \$790 for RCE).
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

  
\_\_\_\_\_  
**Jeffrey R. Kuester, Reg. No. 34,367****3-31-05**  
\_\_\_\_\_  
Date